



**SRC Library Administration**  
**6275 Dogwood Dr.**  
**Milton, FL 32570**  
**850-981-READ (7323)**

## **Santa Rosa County Library System**

### **Meeting Room Application – August 2011**

Please allow 14 days for processing and response to application. Questions may be directed to the Library Manager.

Cancellations and re-scheduling requests should be made at least one week prior to scheduled use.

Date of Application \_\_\_\_\_ Location Requested \_\_\_\_\_ GULF BREEZE \_\_\_\_\_ MILTON \_\_\_\_\_ NAVARRE

Name of Organization \_\_\_\_\_  
Official Address \_\_\_\_\_

Organization's Representative \_\_\_\_\_  
Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_

Second Representative \_\_\_\_\_  
Phone \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Address \_\_\_\_\_

Purpose of Meeting Room use \_\_\_\_\_

Number of Participants Expected \_\_\_\_\_

One Time Use \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_  
OR Recurring Use \_\_\_\_\_ Dates of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Use of Projector Needed \_\_\_\_\_ Yes \_\_\_\_\_ No

Access to room may not be available prior to scheduled time. In consideration of other groups, the room must be vacated by end of scheduled time.

Please submit the completed application to the Library Manager or

Fax to: 850-916-5403 Gulf Breeze Library  
850-626-3096 Milton Library  
850-936-6016 Navarre Library

I have read and understand the Library Meeting Room Policies and agree to abide by them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

#### **LIBRARY USE ONLY**

Application Approved or Denied by County and Library \_\_\_\_\_

If Denied, Reason \_\_\_\_\_

Applicant Notified \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_ Method \_\_\_\_\_